

paragraph (1)(B), that the woman has delivered (including the placenta).

“(5) The term ‘transfer’ means the movement (including the discharge) of an enrolled veteran outside the facilities of a medical facility of the Department at the direction of any individual employed by (or affiliated or associated, directly or indirectly, with) the Department, but does not include such a movement of an individual who—

“(A) has been declared dead; or

“(B) leaves the facility without the permission of any such person.”.

(b) CLERICAL AMENDMENT.—The table of sections of such chapter is amended by inserting after the item relating to section 1730A the following new item:

“1730B. Examination and treatment for emergency medical conditions and women in labor.”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Florida (Mr. MILLER) and the gentleman from California (Mr. TAKANO) each will control 20 minutes.

The Chair recognizes the gentleman from Florida.

□ 1630

#### GENERAL LEAVE

Mr. MILLER of Florida. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and to add extraneous material.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Florida?

There was no objection.

Mr. MILLER of Florida. Mr. Speaker, I yield myself such time as I may consume.

I rise in support of H.R. 3216, the Veterans Emergency Treatment—or VET—Act.

It should be common sense, if a veteran is in need of medical attention and arrives on the grounds of a Department of Veterans Affairs medical facility, that veteran would be seen, assessed, and treated immediately. However, recently, a veteran who experienced a medical emergency in Washington State traveled as far as the parking lot of his local VA emergency room before finding he could go no further, and he called the VA and asked for help in making it through the doors. He was told by the VA staff who answered his call that he should hang up and dial 911.

To hear the VA staff express an unwillingness or an apprehension about assisting a veteran in the midst of his having a medical emergency in its own parking lot is not only unacceptable, it is emblematic of how much the VA has lost its way.

H.R. 3216 would require the VA to determine whether a medical emergency exists among any enrolled veteran who presents at a VA facility and would prohibit the VA from transferring a medically unstable veteran unless the veteran submits a written request to be transferred or it finds that it is clinically unnecessary. It would also prohibit the VA from taking an adverse action against any employee who refuses to authorize a transfer or who

prevents the VA from delaying needed care by inquiring about payment method or insurance status. This legislation would help ensure that, in the case of a medical emergency, a veteran's health remains the number one priority, which is where it should always belong.

This bill is sponsored by my friend and colleague, Congressman DAN NEWHOUSE from Washington State. I am grateful to him for sponsoring this measure, and I urge all of my colleagues to join me in support of it.

Mr. Speaker, I reserve the balance of my time.

Mr. TAKANO. Mr. Speaker, I yield myself such time as I may consume.

I rise in regard to H.R. 3216, the Veterans Emergency Treatment Act.

This bill requires that, if an enrolled veteran in the VA requests treatment at a VA Emergency Department, he or she will get that examination or treatment whether or not it is related to a service-connected condition. It also prohibits the VA from transferring a patient to another facility without its having the written consent of that veteran unless a physician deems the transfer medically necessary. It further prohibits the VA from taking adverse action against any VA employee in his refusing to authorize the transfer of an enrolled veteran if it is contrary to the veteran's wishes. The purpose of this legislation is to have the VA follow the Emergency Medical Treatment & Labor Act.

Mr. Speaker, I support this bill.

I reserve the balance of my time.

Mr. MILLER of Florida. Mr. Speaker, I yield 4 minutes to the gentleman from the Fourth District of Washington State (Mr. NEWHOUSE), the sponsor of this piece of legislation.

Mr. NEWHOUSE. Mr. Speaker, I thank the gentleman from Florida for yielding me some time to speak on this important bill.

Mr. Speaker, President Abraham Lincoln once famously charged all Americans with the responsibility “to care for him who shall have borne the battle.” If you speak with veterans today, you will learn that the quality of health care provided to them, many times, does not reflect this duty.

In recent years, we have learned of multiple incidents in which the VA has failed to provide emergency care to veterans in need. In addition to the incidents that happened in my home State, another notable incident occurred in New Mexico, in the year 2014, when a veteran collapsed in the cafeteria of a VA facility, and he ultimately died when the VA refused to transport him 500 yards across the campus to the ER.

My legislation will ensure that every enrolled veteran who arrives at the Emergency Department of a VA medical facility and who seeks emergency treatment is assessed and treated in order to prevent further injury or death. This is accomplished by applying the statutory requirements of the Emergency Medical Treatment &

Labor Act, or EMTALA, to emergency care that is furnished by the VA to our veterans.

This is a 1986 Federal statute that grants every individual a Federal right to emergency care. It requires a hospital to conduct a medical examination to determine if an emergency medical condition exists. If one does, then the hospital must either stabilize the patient or effectuate a proper transfer at the patient's request. Currently, VA hospitals are considered to be non-participating hospitals and, therefore, are not obligated to fulfill the requirements of EMTALA. The VET Act will remove the non-participating designation from VA hospitals and require them to fulfill the requirements of EMTALA, just as every other hospital does.

Mr. Speaker, I urge the House to support and pass H.R. 3216. It is time we ensure that our veterans receive proper medical treatment during emergency medical situations, all without requiring additional spending.

Mr. TAKANO. Mr. Speaker, I ask my colleagues to join me in supporting H.R. 3216, the Veterans Emergency Treatment Act.

I yield back the balance of my time.

Mr. MILLER of Florida. Mr. Speaker, I ask all of my colleagues to support Mr. NEWHOUSE's piece of legislation.

I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Florida (Mr. MILLER) that the House suspend the rules and pass the bill, H.R. 3216.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

#### RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess until approximately 6:30 p.m. today.

Accordingly (at 4 o'clock and 37 minutes p.m.), the House stood in recess.

□ 1832

#### AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. HULTGREN) at 6 o'clock and 32 minutes p.m.

#### ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, proceedings will resume on motions to suspend the rules previously postponed.

Votes will be taken in the following order:

H.R. 3537, by the yeas and nays;

H.R. 5392, by the yeas and nays.

The first electronic vote will be conducted as a 15-minute vote. The second